MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/575509** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.			AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.
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TOTAL DEP.		← 16		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS		20						TOTAL CLAIMS						